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Hemoptysis and rose branch

Hemoptizi ve gül dalı

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A 66-year-old male patient presented to the clinic with a persistent cough for 30 years and ongoing hemoptysis for two years. In thorax computed tomography, we identified a consolidation area with a maximum standardized uptake value of 2.5 on positron emission tomography-computed tomography in basal segments of the right lower lob. Bronchoscopy revealed no endobronchial lesion in the bronchial system. Right lower lobectomy was performed due to ongoing hemoptysis. A macroscopic examination revealed a 7-cm thorny tree branch along the right lower lobe bronchus (Figures 1-3). In the detailed medical history of the patient, it was discovered that the mother had ingested tree and rose branches for

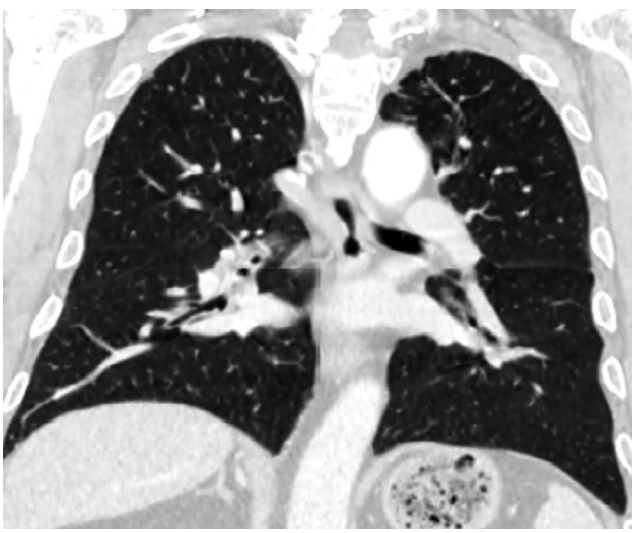

Figure 1. The patient's thorax computed tomography image.

Figure 2. Branch in right lower lobe bronchus.

Figure 3. Thorny tree branch.

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psychiatric reasons. However, we speculated that the patient might have also consumed tree branches during childhood. A written informed consent was obtained from the patient.

In patients with chronic productive cough and hemoptysis, obtaining an accurate and detailed history is crucial in the initial evaluation. In the literature, numerous cases have been examined where chronic productive cough and hemoptysis were surgically treated due to complications arising from intraparenchymal foreign bodies.[1,2] In the case of nonmassive hemoptysis, lobectomy cannot be the first choice of treatment options. However, in cases where the cause remains unexplained despite all diagnostic and treatment methods and may lead to complications, surgical treatment can be utilized as a last resort. Additionally, in such cases, it is important to consider benign pathologies that may cause chronic erosive bronchial damage, even when all assessments point toward malignancy.

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